

### TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

<b>Title: International Consultant:</b>  Conduct a Bottleneck Analysis of the IMAM services in Indonesia	<b>Duty Station:</b>  Home-based with travel to Indonesia
<b>Purpose of Activity/Assignment:</b>  To conduct a Bottleneck Analysis of the coverage and quality of Integrated Management Acute Malnutrition (IMAM) services in Indonesia, and to develop a practical guideline for the government to use in the planning, budgeting, implementation, monitoring and evaluation of the IMAM programme.	
<b>Background:</b>  <p>An estimated 1 in 10 (over 6 million) children in Indonesia are wasted, i.e, too thin for their height/length typically as a result of recent rapid weight loss or failure to gain weight often as a result of infection or food insecurity. More than 2 million Indonesian children are affected by the most severe form of wasting, which is defined as a weight-for-height z-score &lt; -3 standard deviations, and/or mid-upper-arm circumference (MUAC) &lt;115mm, and/or the presence of bilateral pitting oedema. This condition places them at 12 times higher risk of death compared to their healthy peers. Globally, one in five deaths among children under five years of age is attributed to severe wasting, making it one of the top threats to child survival in the world.</p> <p>With support from UNICEF, the Government of Indonesia (GoI) has taken several steps to prevent and treat this deadly form of undernutrition. The GoI has committed to tackling stunting and wasting simultaneously, as outlined in the 2017 National Strategy to Accelerate Stunting Prevention which includes plans to scale up child wasting prevention and treatment services. Subsequently, annual targets and indicators for both forms of undernutrition have been developed. They are included in the National Medium-Term Development Plan 2020–2024, with targets to reduce the prevalence of stunting to 14% and wasting to 7% by 2024. Based on these targets, the Ministry of Health (MoH) set a goal of at least 60% of primary healthcare centres providing the Integrated Management of Acute Malnutrition (IMAM) services by 2024. Additionally, a Presidential decree (no. 72) on stunting reduction acceleration was launched in 2021 and included a target to provide treatment to 90% of severely wasted children by 2024. In addition, in 2021, the GoI developed its country-level Global Action Plan (GAP) on the Child Wasting Roadmap with support from UNICEF and other United Nations (UN) partners which outlines key actions to reduce child wasting in the country.</p> <p>Despite tremendous efforts to scale up IMAM services nationally, the coverage of wasting treatment in Indonesia has remained unacceptably low, with only an estimated &lt;10% of severely wasted children receiving treatment each year against an estimated annual caseload of over 2.2 million severely wasted children. Therefore, to accelerate Indonesia's efforts to reach global child wasting targets, the GoI has requested support from UNICEF to undertake a bottleneck analysis on the implementation of the IMAM programme, investigating the barriers and boosters to IMAM implementation and to provide insights to relevant stakeholders on potential ways of improving the coverage and quality of IMAM services throughout the country.</p> <p>Against this backdrop, UNICEF seeks an international consultant to undertake a systematic bottleneck analysis of the IMAM services in Indonesia and to develop a practical guideline for the government to support in the planning, budgeting, implementation, monitoring and evaluation of the IMAM programme.</p>	

### Scope of Work:

The objectives of the assignment are to:

1. Conduct an in-depth national-level IMAM bottleneck analysis to identify the bottlenecks and boosters impacting the scale-up, and provision of, quality child wasting treatment services.
2. Develop a practical guideline for the government to support in the planning, budgeting, implementation, monitoring and evaluation of the IMAM programme.
3. Develop a policy brief and manuscript on the result of the bottleneck analysis summarising the critical findings from the analysis, including bottlenecks, root causes, corrective action, and a suggested action plan.

Under the guidance of the UNICEF Nutrition Team and the GoI's Nutrition and Maternal Child Health Directorate (GiKIA), the MoH, the International Consultant, will be requested to:

- Conduct a national-level bottleneck analysis of IMAM services in Indonesia, including:
  - Define indicators and identify appropriate sources of information.
  - Conduct a desk review of existing documents related to IMAM services and other relevant resources.
  - Identify potential bottlenecks and analyze the root causes of these potential bottlenecks.
  - Develop a consultative process together with various stakeholders, conducting Focus Group Discussion (FGD) and in-depth interviews at the national and selected sub-national levels with support from UNICEF Nutrition Team to further understand potential bottlenecks and boosters.
  - Identify potential solutions, and corrective actions, and develop an action plan at the national and sub-national level to implement corrective actions.
  - Disseminate the bottleneck analysis findings to key stakeholders to gain feedback and further inputs.
  - Compile a final report summarising the critical findings from the analysis, including bottlenecks, root causes, corrective action, and a suggested action plan. The results will also be further developed as a potential publication in a peer-reviewed journal or publication as a UNICEF research report
  - Develop a policy brief on the Bottleneck Analysis result to be used as evidence-based advocacy to improve the quality and coverage of the IMAM programme in Indonesia, and to increase government investment in the IMAM programme.
- Based on the findings from the bottleneck analysis and suggested corrective actions, develop a practical, easy-to-use support guideline for the government to aid in IMAM programming planning, budgeting, implementation, monitoring and evaluation for local officials and practitioners:
  - Develop a step-by-step practical guideline and tool for the government to enable better planning, budgeting, implementation, monitoring, and evaluation of the IMAM programme.
  - Field test the guideline.
  - Finalize the practical guideline, including relevant tools and training package.

**Supervisor: Blandina Rosalina Bait,  
Nutrition Specialist**

**Start Date:**

**1 July 2023**

**End Date:**

**31 January 2024**

### Work Assignment Overview

Tasks/Milestone	Deliverables/Outputs	Timeline	Estimate Budget
<ul style="list-style-type: none"> <li>Prepare an inception report, including a detailed work plan with clear timelines and proposed tools, define indicators and sources of data.</li> </ul>	<ul style="list-style-type: none"> <li>Inception Report and Work Plan with clear timelines and responsibilities is submitted to UNICEF (~15 pages, excluding annexes)</li> </ul>	2 weeks after the contract signed	10%
<ul style="list-style-type: none"> <li>Conduct an in-depth desk review of available documents and reports on IMAM programming in Indonesia</li> </ul>	<ul style="list-style-type: none"> <li>Submitted and presented desk review findings to UNICEF (~15-20 pages, excluding annexes)</li> </ul>	4 weeks after the contract signed	10%
<ul style="list-style-type: none"> <li>With support from UNICEF Indonesia conduct Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with key policymakers and other key stakeholders at national and selected sub-national levels (at least in three provinces, Central/East Java and West Nusa Tenggara, and South Sulawesi)</li> </ul>	<ul style="list-style-type: none"> <li>FGDs and KIIs at national and sub-national levels conducted (~15 pages, excluding annexes)</li> </ul>	10 weeks after the contract signed	35%
<ul style="list-style-type: none"> <li>Facilitate an online consultative workshop to share preliminary results of the desk review, FGDs and KIIs to national and selected sub-national key stakeholders to discuss and finalize the findings from the bottleneck analysis</li> </ul>	<ul style="list-style-type: none"> <li>Draft report and PPT of the analysis submitted and presented to UNICEF and relevant government counterparts, for their review and approval (~25 pages, excluding annexes and ~12 slides PPT)</li> </ul>	12 weeks after the contract signed	
<ul style="list-style-type: none"> <li>IMAM bottleneck report refined based on the comments and finalized for final submission to UNICEF</li> </ul>	<ul style="list-style-type: none"> <li>Final IMAM bottleneck analysis report submitted, containing country-specific recommendations &amp; strategies with the provincial implementation plan</li> <li>Relevant policy brief and draft manuscript submitted</li> </ul>	14 weeks after the contract signed	

<ul style="list-style-type: none"> <li>Develop the first draft of the practical step-by-step guideline, including relevant tool for planning, budgeting, implementation, monitoring and evaluation of IMAM programming in Indonesia</li> </ul>	<ul style="list-style-type: none"> <li>Submitted and presented the first draft to UNICEF (~10-15 pages, excluding annexes)</li> </ul>	18 weeks after the contract sign	35%
<ul style="list-style-type: none"> <li>Revise draft as per UNICEF and the government inputs</li> </ul>	<ul style="list-style-type: none"> <li>Submitted second draft to UNICEF (~10-15 pages, excluding annexes)</li> </ul>	20 weeks after the contract signed	
<ul style="list-style-type: none"> <li>Support the field testing of the tools</li> </ul>	<ul style="list-style-type: none"> <li>Developed and submitted a simple protocol and tool for the field testing</li> <li>Submitted revised version of the practical guideline and support tool based on the field testing to UNICEF (~15 pages, excluding annexes)</li> </ul>	26 weeks after the contract signed	
<ul style="list-style-type: none"> <li>Finalize the practical guideline and relevant tools on planning, budgeting, implementation, and M&amp;E IMAM programme</li> </ul>	<ul style="list-style-type: none"> <li>Submitted the final guideline, relevant tools and training package</li> </ul>	32 weeks after the contract signed	10%
<p><b>Minimum Qualifications required:</b></p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Enter Disciplines:</p> <p>Nutrition, Global/Public Health, Epidemiology, Health Promotion, and Health Research, Economics</p>		<p><b>Knowledge/Expertise/Skills required:</b></p> <ul style="list-style-type: none"> <li>A postgraduate qualification in a relevant discipline (including but not limited to Nutrition, Global/Public Health, Epidemiology, Health Promotion, and Health Research, Economics)</li> <li>At least five years of relevant professional experience undertaking systematic primary and secondary nutritional or health data analysis, costing analysis on SAM/IMAM, and Public Finance for Children (PF4C-N).</li> <li>Demonstrable capacity and research/study experience of 5-7 years in public health/nutrition/ with a sound understanding of bottleneck analysis tools.</li> <li>Capacity to manage and implement the activities as per the term of reference.</li> <li>Have experience working with UN agency</li> <li>Communication and report writing skills.</li> <li>Written and spoken fluency in English is essential</li> <li>Experience with remote working modalities preferred</li> </ul>	